TWENTY-SIXTH

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1924.

GUERNSEY:
THE GUERNSEY "STAR" AND "GAZETTE" COMPANY, LTD.,
[illegible]

[illegible]

APPENDICE.

RAPPORT DE L'OFFICIER DE LA SANTÉ PUBLIQUE, 1924.

RAPPORT DE MONSIEUR L'OFFICIER DE LA SANTÉ PUBLIQUE, 1924.

States Office, Guernsey, August 28th, 1925.

Sir,

I have the honour to forward the Annual Report of the Medical Officer of Health for the year 1924, with the request that it may be printed as an Appendix to a Billet d'État, and that a number of copies (say) 100, be struck off, for distribution in the usual way.

I have the honour to be, Sir,
Your obedient Servant,
G. E. KINNERSLY,
President, States Sanitary Committee.

Sir Havilland de Sausmarez, Bailiff,
and President of the States of Guernsey.

XIV.—1925.

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GUERNSEY.

Guernsey, the most western of the Channel Islands, lies in the Bay of Avranches, 82 miles from Weymouth, the nearest English port, 40 from Cherbourg, and 63 from St. Malo.

It is triangular in shape, with an area of 24·5 square miles and an acreage of 15,654. The soil, composed of disintegrated granite and schist, is very fertile. Enormous quantities of tomatoes, grapes and other fruit, vegetables and flowers are grown, chiefly under glass, for export.

This industry is the chief one, but in addition, large quantities of granite for road-making are exported. The rearing, for sale in England and the United States, of the far-famed Guernsey cattle (including those from Alderney and Sark) is an important industry. These cattle are highly prized, not only for the richness of their milk, but above all for their freedom from Tuberculosis. There are two harbours, situated at St. Peter-Port and St. Sampson's, the two towns of the island.

The population at the census of 1911 was 41,854, and in 1921 it was stated to be 37,914 with 1,098 visitors.

Guernsey is a health resort throughout the year, but particularly so in the summer and autumn months. Not only are its natural beauties so great, but its salubrious yet bracing climate is highly attractive. It is cooler in summer and warmer in winter than on the mainland.

Drainage is good and modern in the towns. The water supply, now the property of the Government of the island, is of exceptional purity and derived from deep wells, but additional sources of supply from streams have lately been obtained.

Guernsey enjoys Home Rule. With Alderney and Sark it forms a Bailiwick and is governed by a Lieutenant-Governor. The Bailiff is the chief Civil Official.

1923—Population—Males	18,105
Females	20,295
	38,400

XIV. –1925.

Houses Inhabited	1921	8,491
Buildings—Uninhabited		682
,, Constructing		19
States Houses built since 1921		54
Families Accommodated		63
Houses voted for Construction		52
Density of Population, per acre		2.4
,, ,, ,, sq. mile		1,559
Average Number of Inhabitants per house		4.4
Birth Rate per 1,000		19.6
Death ,, ,, ,, (crude)		12.6
,, ,, ,, ,, (corrected)		9.6
Infantile Death Rate		53
Rainfall Average		36.7
,, ,, 1921		17.7
,, ,, 1922		36.2
,, ,, 1923		42.7
,, ,, 1924		33.5

(In parts of the Island the rainfall is only 70 per cent. of the average.)

Mean Relative Humidity	85
,, Average Temperature	51.1
,, Daily Range	8.6
Average yearly hours of sunshine, 1903–1923	1,902.3
,, ,, ,, ,, 1924	1,881.3

EXPORTS.	1923	1924
Tomatoes	19,241 tons	21,045 tons
Flowers	1,619 ,,	2,059 ,,
Grapes	1,675 ,,	1,559 ,,
Vegetables	2,230 ,,	1,792 ,,
Granite	185,740 ,,	259,978 ,,

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For the year 1924.

POPULATION.

The natural increase of births and deaths during the year was 287. For statistical purposes the population will be reckoned as 38,400, of which males might number 18,105 and females 20,295.

As a result of the publication during the year of the report of the Registrar-General upon the last census of the Channel Islands, I have been supplied by him with a standardising figure for Guernsey, which is 0·793.

Table I.

YEAR.	Estimated population to middle of each year.	BIRTHS.			TOTAL DEATHS REGISTERED IN GUERNSEY.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO GUERNSEY.			
			NETT						UNDER 1 YEAR OF AGE.		AT ALL AGES.	
			Number	Rate.	Number.	Rate.	Of non-residents Registered in the District.	Of residents not registered in the District.	Number.	Rate per 1,000 Births	Number.	Rate.
1914........	42,000		880	20·9					81	92·0	498	11·8
1915........	41,000		784	19·1					113	144·0	609	14·8
1916	41,000		698	17·0					62	88·9	536	13·0
1917...... ..	39,000		694	17·7					57	82·0	554	14·2
1918.........	38,500		664	17·2					49	73·8	603	15·6
1919.........	39,600		659	16·6	578	14·6	9	—	64	98·6	569	14·3
1920.........	37,914		893	23·5	507	12·6	11	2	74	82·8	498	13·1
1921.........	37,914		768	20·0	502	13·2	7	—	60	78·0	495	13·0
1922.........	38,200		810	21·2	537	14·0	11	2	76	90	528	13·3
1923.........	38,200		764	20·8	551	—	8	—	58	73	543	13·3*
Averages for ten years, 1914-1923.	39,432	—	764	19·4	—	—	—	—	69	90·2	543	13·6
1924.	—	—	753	19·8	466	—	5		40	53.1	461	12.1 crude

9·6 standardised

* Corrected.

Table II.

ENGLISH AND GUERNSEY STATISTICS.

	Birth rate per 1,000 (crude).	Death rate per 1,000 (crude).	Death under 1 year per 1,000 births
England and Wales	18.8	12.2	75
105 County Boroughs and Great Towns, including London	19.3	12.3	80
157 Smaller Towns	18.9	11.2	71
London	18.6	12.0	69
Guernsey	19.6	12.1 (Standardised) 9.6	53

BIRTHS.

The births numbered 753—males 393 and females 360—equal to a rate of 19.6 per 1,000. The average rate for the previous ten years was 19.4, and for the ten years ending 1904, 27.4. Still births numbered 36, and illegitimate births, 24, percentages to the total of 4.8 and 3.2 respectively.

DEATHS.

There were 466 deaths registered during the year, of which 5 were transferable. The total number to be estimated was therefore 461, the crude death rate being 12.1 per 1,000. The standardising figure supplied by the Registrar-General reduces this crude rate to one of 9.6 : this standardised figure is for comparison with that of England and Wales, and indicates what our death rate would be if the percentages of people living in the various age periods were the same as in the larger area mentioned. In Guernsey it must be obvious that we have an abnormally large number of elderly people resident as compared with most places.

The average crude death rate for the years 1895–1904 was 16.8.

The figures given in the next table are even more striking than usual for the year 1924, and I invite careful consideration of them.

Compared with the five year period 1900–1904, the percentage of deaths under 1 year has fallen from 24.0 to 8.6 ; under 25 years, from 42.0 to 18.5. Conversely of deaths over 65 years, the percentage has risen from 30 to 50.2.

PERCENTAGE OF DEATHS AT DIFFERENT AGE PERIODS.

	Under 1 year.	Years 1-5.	Years 5-15.	Years 15-25.	Under 25 years.	Years 25-65.	Over 65 years.
1900–1904	24.0	9.0	4.0	5.0	42.0	27.0	30.0
1905–1909	22.3	8.0	3.0	4.6	38.0	28.0	33.0
1910–1914	20.2	7.2	3.3	3.8	34.5	27.8	37.7
1915–1919	12.5	5.1	3.6	4.9	26.2	33.1	40.7
1920–1924	11.5	3.6	3.7	5.5	24.4	30.4	45.3
1924	8.6	3.2	1.7	5.0	18.5	32.3	50.2

Deaths in public institutions were as follows :—

Town Hospital	39
Town Asylum	2
Castel Hospital	28
Castel Asylum	1
King Edward Sanatorium	3
Victoria Hospital	16

The more important causes of death compare with those of previous years as follows :—

	Average 1906-1923.	1923.	1924.	
Measles	5.9	0	1	
Whooping Cough	5.5	5	—	
Epidemic Enteritis	11.6	0	1	
Diphtheria	4.8	5	3	
Senile Decay	70.1	72	68	
Cancer	40.6	51	47	
Broncho Pneumonia	8.4	7	5	
Pneumonia	19.2	17	13	
Bronchitis	24.0	23	18	
Heart Disease	64.5	68	54	
Apoplexy	31.0	37	37	
Tuberculosis, other than Phthisis	12.0	11	7	
Phthisis	38.7	50	27	
Influenza	11.3	—	22	(93 in 1918)

During the months February to May, 22 deaths were caused by Influenza, April being the month of greatest incidence, with 14. Twenty of the deaths were persons of over 25 years and 11 those of over 65 years. In spite of this epidemic the number of persons dying of Pneumonia and Bronchitis during the year was much less than the average, 36 against 51.

The number of inquests held was 24 as against 39 in the previous year.

INFANTILE MORTALITY.

The number of children who died under the age of 1 year was 40, a rate of 53 per 1,000. In 1923, when it was 73, I stated that I believed that figure to be the lowest ever registered here, so the present one must be regarded as very satisfactory, particularly as it is considerably below each of the four categories for England and Wales already quoted, which I do not think has happened before. The wet and cold summer was favourable, as it always is in this respect. The absence of any deaths under the heading of " Epidemic " is unusual.

The infantile death-rate for the ten years 1895–1904 was 144. The rates for the first, second, third and fourth quarters of the year were as follows :— 50, 71, 26. 73.

The deaths of babies under 1 month were 38 per cent. of the total. In the Parish of St. Peter-Port the rate was 57 ; in St. Sampson, 89 ; in the Vale, 18 ; and in the other seven parishes, 49.

The total yearly number of births for statistical purposes, especially when sub-divided, is too small to have much significance ; but the fact that only two infants died of the 118 born in the Vale parish during the year is somewhat remarkable. Again I would refer to the absence of ante-natal work, and the limited scope of the voluntary but valuable work of the Infant Health Associations. If much has been accomplished under existing conditions, as undoubtedly has been the case, how much more successful would be the establishment of a comprehensive scheme under the aegis of the Board of Health to embrace the whole Island and to deal with these questions, as if they were amongst the most vital and urgent of any affecting our community, as indeed they are.

Table III.

CAUSES OF DEATH OF CHILDREN UNDER 1 YEAR OF AGE.

	Under 1 week.	Between weeks 1-2.	2-3.	3-4.	Total under month.	Months 1-3.	3-6.	6-9.	9-12.	Total.
Nervous.										
Spastic Parapeugia	–	–	–	–	–	–	–	–	1	1
Alimentary.										
Enteritis	–	–	–	–	–	1	1	–	–	2
Intestinal Obstruction	–	–	–	–	–	1	–	–	–	1
Tumour.										
Malignant	–	–	–	–	–	–	–	–	1	1
Respiratory										
Pneumonia	–	–	–	–	–	–	1	–	–	1
Broncho Pneumonia	–	–	–	–	–	–	1	–	1	2
Bronchitis	–	–	–	–	–	–	–	1	1	2
Infancy.										
Convulsions	1	–	–	–	1	2	–	1	1	5
Premature Birth	5	2	–	–	7	–	–	–	–	7
Debility at Birth	3	1	–	–	4	–	–	–	–	4
Congenital Malformation	1	–	–	–	1	1	1	–	–	3
Marasmus	–	–	1	1	2	4	1	1	1	9
General Diseases.										
Rickets	–	–	–	–	–	–	1	–	1	2
Totals	10	3	1	1	15	9	6	3	7	40

MARRIAGES.

There were 325 marriages during the year, equal to a rate of 16.8 persons per 1,000. The marriage rate here is keeping up. In 1923 marriages numbered 316, and during the previous five years, the average was 296. There were 186 marriages in Church of England, 43 in Non-Conformist, and 34 in Roman Catholic Churches. Sixty-one were at the Greffe Office and 1 in a private house.

Table IV.

RETURN OF BIRTHS AND DEATHS REGISTERED DURING THE YEAR 1924.

BIRTHS.

	St. P.-Port.	St. Sampson's	Vale.	Castel.	St. Saviour's.	St. Pierre-du-Bois.	Torteval.	Forest.	St. Martin's.	St. Andrew's.	
PARISH LETTER :	*A*	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*K*	Total.
Males	159	56	54	41	11	10	2	16	29	15	393
Females	172	34	56	24	5	13	5	11	31	9	360
Totals	331	90	110	65	16	23	7	27	60	24	753

STILL BIRTHS (MALES, 17 ; FEMALES, 19) — 36.

ILLEGITIMATE BIRTHS.

11	3	2	1	2	3	—	1	—	1	24

DEATHS

General Diseases :—											
PARISH LETTER:	*A*	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*K*	Ttl.
Diabetes	1	1	–	1	–	–	–	–	1	–	4
Rheumatism	1	–	–	–	–	–	–	–	–	–	1
Rickets	1	1	–	–	–	–	–	–	–	–	2
Graves Disease	1	–	–	–	–	–	–	–	–	–	1
Myxoedema	1	–	–	–	–	–	–	–	–	–	1
Pernicious Anæmia	–	–	–	1	–	–	–	–	1	–	2
Epidemic :—											
Diphtheria	1	–	–	2	–	–	–	–	–	–	3
Whooping Cough	–	–	–	–	–	–	–	–	–	–	0
Measles	–	1	–	–	–	–	–	–	–	–	1
Enteric Fever	1	–	–	–	–	–	–	–	–	–	1
Enteritis	1	–	–	–	–	–	–	–	–	–	1
Influenza	12	–	2	2	–	3	–	–	2	1	22
Carried forward	20	3	2	6	–	3	–	–	4	1	39

Brought forward	20	3	2	6	–	3	–	–	4	1	39
Infancy :—											
Congenital malformation	1	2	–	–	–	–	–	–	–	–	3
Convulsions	2	1	1	–	–	–	–	–	1	–	5
Debility at Birth	3	–	–	–	–	–	–	1	–	–	4
Premature ,,	2	1	1	1	–	–	–	–	–	2	7
Marasmus	7	1	–	–	–	–	–	–	1	–	9
Injury at Birth	–	–	–	–	–	–	–	–	–	–	—
Old Age :—											
Senile Decay	31	5	13	7	2	1	–	1	4	4	68
Alimentary :—											
Gastric Ulcer	1	1	–	–	–	1	–	–	1	–	4
Appendicitis	1	–	–	–	–	–	–	–	–	–	1
Strangulated Hernia	1	–	–	1	–	–	–	–	–	–	2
Intestinal Obstruction	2	–	–	1	1	1	–	–	–	1	6
Enteritis	–	1	–	1	–	–	–	–	–	–	2
Hepatitis	1	–	–	–	–	–	–	–	–	–	1
Peritonitis	1	–	–	–	–	–	–	–	–	–	1
Cirrhosis of Liver	1	–	–	–	–	–	–	–	–	1	2
Gastritis	2	–	–	–	–	–	1	–	1	–	4
Colitis	–	–	–	–	–	–	–	–	–	–	0
Liver	1	–	–	–	–	–	–	–	–	–	1
Rupture of Bowels	1	–	–	–	–	–	–	–	–	–	1
Circulatory :—											
Heart Disease	31	8	3	3	–	4	–	2	3	–	54
Atheroma	4	2	1	–	–	–	–	–	1	1	9
Apoplexy	11	7	3	7	1	1	–	1	5	1	37
Angina Pectoris	2	–	–	–	–	–	–	–	–	–	2
Gangrene	1	–	–	–	–	–	–	–	–	–	1
Urinary :—											
Nephritis	10	4	3	3	–	1	–	–	4	–	25
Cystitis	–	1	–	–	–	–	–	–	–	–	1
Infective :—											
Phthisis	9	4	2	3	–	2	1	2	4	–	27
Tuberculosis : General	–	–	1	–	–	–	–	–	–	1	2
Tubercular Peritonitis	–	1	–	–	–	–	–	–	1	–	2
Carried forward	146	42	30	33	4	14	2	7	30	12	320

Brought forward	146	42	30	33	4	14	2	7	30	12	320
Tuberculosis of Spine	–	1	–	–	–	1	–	–	–	–	2
,, of Joints	1	–	–	–	–	–	–	–	–	–	1
Syphilis	1	–	–	–	–	–	–	–	–	–	1
Respiratory :—											
Bronchitis	9	4	1	2	–	–	–	1	1	–	18
Pneumonia	7	1	1	3	–	–	–	1	–	–	13
Broncho-Pneumonia	3	1	–	–	–	–	–	–	1	–	5
Asthma	1	1	–	1	–	–	–	–	–	–	3
Gas Poisoning	1	–	–	–	–	–	–	–	–	–	1
Intemperance :—											
Alcoholism	2	–	–	–	1	–	–	–	–	–	3
Cirrhosis	2	–	–	–	–	–	–	–	–	–	2
Tumour :—											
Malignant	25	5	6	2	2	–	1	2	2	2	47
Septic :—											
Septicæmia	2	–	–	–	–	1	–	–	–	–	3
Violence :—											
Crushed	1	–	–	–	–	–	–	–	–	–	1
Suicide	–	1	1	–	–	–	–	1	1	–	4
Fall	2	–	–	2	–	1	–	–	–	–	5
Drowning	–	–	–	–	–	–	–	–	1	–	1
Kicked by Horse	–	1	–	–	–	–	–	–	–	–	1
Run Over	1	–	–	1	–	–	–	–	–	–	2
Accident	1	–	–	–	–	–	–	–	–	–	1
Gunshot Wound	–	–	–	1	–	–	–	–	–	–	1
Parturition :—											
Septicæmia	1	–	–	–	–	–	–	–	–	–	1
Nervous :—											
Mania	1	–	–	–	–	–	–	–	1	–	2
Dementia	3	–	–	–	–	–	–	–	1	–	4
Paralysis	1	–	–	1	–	–	–	–	–	–	2
Meningitis	4	2	1	–	–	–	–	–	1	–	8
Encephalitis	–	–	–	1	–	–	–	–	–	–	1
Carried forward	215	59	40	47	7	17	3	12	39	14	453

Brought forward	215	54	40	47	7	17	3	12	39	14	453
Multiple Neuritis	1	–	–	–	–	–	–	–	–	–	1
Epilepsy	2	–	–	–	–	–	–	–	–	1	3
Tabes Dorsalis	2	–	–	1	–	–	–	–	–	–	3
Spastic Paraplegia	1	–	–	–	–	–	–	–	1	–	2
Disseminated Sclerosis	1	–	–	–	–	–	–	–	–	–	1
Ill-Defined :—											
Natural Causes	2	–	–	–	–	–	–	–	–	–	2
Hæmorrhage	–	–	–	–	–	–	–	–	–	1	1
Totals	224	59	40	48	7	17	3	12	40	16	466

Table V.

CAUSES OF, AND AGES AT DEATH, OF DEATHS REGISTERED DURING THE YEAR 1924.

WHOLE ISLAND.

CAUSE OF DEATH.	Under 1 yr.	Between					Over 65.	Total.
		1-2	2-5.	5-15.	15-25.	25 to 65.		
General Disease :—								
Diabetes	—	—	—	—	1	3	—	4
Rheumatism	—	—	—	—	—	1	—	1
Rickets	2	—	—	—	—	—	—	2
Graves Disease	—	—	—	—	—	1	—	1
Myxodema	—	—	—	—	—	—	1	1
Pernicious Anaemia	—	—	—	—	—	2	—	2
Epidemic :—								
Diphtheria	—	—	1	2	—	—	—	3
Whooping Cough	—	—	—	—	—	—	—	—
Measles	—	1	—	—	—	—	—	1
Enteric Fever	—	—	—	—	—	1	—	1
Enteritis	1	—	—	—	—	—	—	1
Influenza	—	—	—	—	2	9	11	22
Infancy :—								
Congenital Malformation	3	—	—	—	—	—	—	3
Convulsions	5	—	—	—	—	—	—	5
Debility at Birth	4	—	—	—	—	—	—	4
Injury ,,	—	—	—	—	—	—	—	—
Premature ,,	7	—	—	—	—	—	—	7
Marasmus	9	—	—	—	—	—	—	9
Carried forward	31	1	1	2	3	17	12	67

Brought forward	31	1	1	2	3	17	12	67
Old Age :—								
Senile Decay	—	—	—	—	—	1	67	68
Alimentary :—								
Gastric Ulcer	—	—	—	—	—	4	—	4
Appendicitis	—	—	—	—	—	1	—	1
Strangulated Hernia	—	—	—	—	—	1	1	2
Intestinal Obstruction	1	—	—	1	—	1	3	6
Enteritis	1	—	—	—	—	—	1	2
Hepatitis	—	—	—	—	—	1	—	1
Peritonitis	—	—	—	—	—	—	1	1
Cirrhosis of Liver	—	—	—	—	—	1	1	2
Gastritis	—	—	—	—	—	1	3	4
Liver	—	—	—	—	—	1	—	1
Rupture of Bowels	—	—	—	—	—	—	1	1
Circulatory :—								
Heart Disease	—	—	1	—	2	16	35	54
Atheroma	—	—	—	—	—	1	8	9
Apoplexy	—	—	—	—	—	11	26	37
Angina Pectoris	—	—	—	—	—	2	—	2
Gangrene	—	—	—	—	—	—	1	1
Urinary :—								
Nephritis	—	—	1	1	2	6	15	25
Cystitis	—	—	—	—	—	—	1	1
Infective :—								
Phthisis	—	—	—	1	10	14	2	27
Tuberculosis : General	—	—	—	—	—	2	—	2
Tubercular Peritonitis	—	—	—	1	1	—	—	2
Tuberculosis of Spine	—	—	—	—	—	2	—	2
,, ,, Joints	—	—	—	—	—	1	—	1
Syphilis	—	—	—	—	—	1	—	1
Respiratory :—								
Bronchitis	2	2	—	—	—	4	10	18
Pneumonia	1	2	1	—	1	4	4	13
Broncho Pneumonia	2	1	—	—	—	—	2	5
Asthma	—	—	—	—	—	3	—	3
Gas Poisoning	—	—	—	—	—	1	—	1
Carried forward	38	6	4	6	19	97	194	364

Brought forward	38	6	4	6	19	97	194	364
Intemperance :—								
Alcoholism	—	—	—	—	—	3	—	3
,, Cirrhosis	—	—	—	—	—	2	—	2
Tumour :—								
Malignant	1	—	—	—	—	20	26	47
Septic :—								
Septicæmia	—	—	—	—	—	2	1	3
Violence :—								
Crushed	—	—	—	—	—	1	—	1
Suicide	—	—	—	—	—	3	1	4
Drowning	—	—	—	—	—	1	—	1
Fall	—	—	—	—	—	4	1	5
Kicked by Horse	—	—	—	—	1	—	—	1
Run Over	—	—	1	—	—	1	—	2
Accident	—	—	—	—	—	1	—	1
Gun Shot Wound	—	—	—	—	1	—	—	1
Parturition :—								
Septicæmia	—	—	—	—	—	1	—	1
Nervous :—								
Mania	—	—	—	—	—	—	2	2
Dementia	—	—	—	—	—	1	3	4
Paralysis	—	—	—	—	—	—	2	2
Meningitis	—	2	1	2	2	1	—	8
Encephalitis	—	—	—	—	—	1	—	1
Multiple Neuritis	—	—	—	—	—	1	—	1
Epilepsy	—	—	—	—	—	2	1	3
Tabes Dorsalis	—	—	—	—	—	1	2	3
Spastic Paraplegia	1	—	—	—	—	1	—	2
Disseminated Sclerosis	—	—	—	—	—	1	—	1
Ill-Defined :—								
Natural Causes	—	—	—	—	—	—	2	2
Hæmorrhage	—	1	—	—	—	—	—	1
Totals	40	9	6	8	23	145	235	466

INFECTIOUS DISEASES.

The following were the cases notified during the year. Diphtheria, 172 ; Typhoid and Para Typhoid Fevers, 7 ; Phthisis, 10 ; and Erysipelas, 1—a total of 190.

As regards non-notifiable infectious diseases, the incidence was very light. No deaths were reported as due to Whooping Cough, and only one to Measles, an imported case. In the latter case, the altruism and good sense of the parents, who carried out all the suggestions that I made to them as regards efficient isolation, and under somewhat difficult conditions, prevented the occurrence of any secondary cases, if not an epidemic—a very satisfactory result.

KING EDWARD SANATORIUM.

There were 184 cases admitted :—168 Diphtheria ; 5 Typhoid and Para Typhoid ; 10 Phthisis, and 1 Erysipelas. There were 2 deaths from Diphtheria and one from Enteric Fever. The daily averages were—Patients, 17.6, and Staff, 16.8.

The new wooden ward was much used during the year. It is admirably adapted for the treatment of infectious disease, the means of ventilation being excellent.

CASES TREATED AT SANATORIUM AND AT HOME DURING 1924.

	St. Peter-Port.	St. Sampson's.	Vale.	Castel.	St. Saviour's.	St. Peter's.	Torteval.	Forest.	St. Martin's.	St. Andrew's.	Total.	
DIPHTHERIA.												
Treated at Sanatorium	65	43	13	23	4	1	–	–	11	8	168	172
,, Home	1	2	–	–	–	1	–	–	–	–	4	
Died at Sanatorium	–	–	–	1	–	–	–	–	1	–	2	2
,, Home	–	–	–	–	–	–	–	–	–	–	—	
ENTERIC FEVER.												
Treated at Sanatorium	2	–	–	1	–	–	–	1	–	1	5	7
,, Home	–	–	–	–	1	–	–	–	–	1	2	
Died at Sanatorium	1	–	–	–	–	–	–	–	–	–	1	1
,, Home	–	–	–	–	–	–	–	–	–	–	—	

CASES CLASSIFIED ACCORDING TO AGE FOR 1924.

	Under 1 Year.	1-5	5-10	10-15	15-20	20-25	25 and over.	Total.
Diphtheria	–	36	64	40	11	9	12	172
Typhoid and Para Typhoid	–	—	—	2	1	1	3	7

DIPHTHERIA.

	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
St. Peter-Port	15	10	5	4	1	1	2	3	3	7	3	12	66
St. Sampson's	8	11	4	3	4	6	4	2	–	3	–	—	45
Vale	2	–	1	2	–	3	–	–	–	4	1	–	13
Castel	2	–	–	–	1	1	–	1	2	7	3	6	23
St. Saviour's	–	–	–	–	–	–	2	–	–	–	1	1	4
St. Peter's	–	–	–	–	–	1	–	–	–	–	–	1	2
Torteval	–	–	–	–	–	–	–	–	–	–	–	—	—
Forest	–	–	–	–	–	–	–	–	–	–	–	—	—
St. Martin's	–	1	2	1	–	–	–	1	1	–	2	3	11
St. Andrew's	2	3	–	–	–	–	–	–	–	1	–	2	8
	29	25	12	10	6	12	8	7	6	22	10	25	172

DIPHTHERIA.

Contrary to expectation, the incidence of this disease was still heavy during the year, as 172 cases were notified. For the previous three years the numbers were 278, 179 and 122. The attack rate for 1924 was, therefore, 4.5 per 1,000. As is usual, August and September were the months of lowest prevalence. Torteval and Forest had no cases. The three most populous districts provided 121 of the cases, and the Castel 23. The latter parish, which includes the district of Cobo, is always a difficult one to deal with as regards infectious diseases. I think it is now generally recognized that our local close relationships and customs of indiscriminate sick visiting, account for the heavy incidence of Diphtheria in Guernsey. The present low death rate from it, this year just over 1 per cent., also helps. If one-third to a half of the cases died, as used to be so fifty years ago, the very name would be regarded with dread and terror, and every effort would be made to keep the sufferer from it as strictly isolated as could possibly be. Local experience confirms the statement that Diphtheria is more prevalent in low-lying areas than at higher altitudes. The following quotations are taken from the very able report of the Metropolitan Asylums Board for 1924, with regard to this disease :—

> "The fact remains that, for reasons not altogether clear, Diphtheria appears to be strengthening its forces and gathering power, unchecked by science. There are clear indications that its offensive power is increasing in greater ratio than the defence, and that the time has come for the adoption of measures calculated to restrict more effectively than hitherto the depredations of the disease."

This increase in offensive power must be a thorn in the flesh to the anti-vaccinator, who maintains that Smallpox is decreasing, as are other infectious diseases by reason of increasingly satisfactory conditions of sanitation, and not on account of vaccination. The production of artificial immunity against

Diphtheria has been carefully considered here by the Board of Health for many years past. It is hardly to be expected that people who either do not believe that infectious diseases exist, or who ignore them if they do, will take much trouble to protect themselves against them and submit to inoculations for this purpose.

The injection of Diphtheria Antitoxin will protect a person from the disease for a limited period, not more than a few weeks. The injection of taxin antitoxin gives a much more lasting protection, but unfortunately immunity is not developed until three to six months, or even longer, has elapsed. With both methods there are some more or less unpleasant sequels which may be encountered occasionally.

In the United States, where Diphtheria is almost everywhere greatly on the increase, the latter method, the Schick injection, is largely used in schools, hospitals, orphanages and crèches, but it has not been adopted to the same extent in England.

In Chicago, which is strictly a modern town, the attack rate of Diphtheria is said to be the highest of any city in the world.

SCARLET FEVER.

No cases of this disease occurred during the year.

ERYSIPELAS.

One case was notified, a severe case affecting the face, which was isolated at the Sanatorium. It is a very rare disease in Guernsey. During the past twenty-five years I do not believe that half a dozen cases of it have been brought to my notice.

TYPHOID AND PARA TYPHOID IN 1924.

	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	T'l.
St. Peter-Port	–	–	–	–	–	–	–	1	–	1	–	–	2
St. Sampson's	–	–	–	–	–	–	–	–	–	–	–	–	–
Vale	–		–	–	–	–	–	–		–	–	–	–
Castel	–	–	–				–	–	1	–	–	–	1
St. Saviour's	–	–	–	–	–	–	–		1	–	–	–	1
St. Peter's	–		–	–	–	–	–	–	–	–	–	–	–
Torteval	–	–			–	–	–	–		–	–	–	–
Forest	–		–			–	–	–	–	1	–	–	1
St. Martin's	–	–	–	–		–	–	–	–	–	–	–	–
St. Andrew's	–				1	–	1	–	–	–		–	2
Totals	–	–	–	–	1	–	1	1	2	2	–	–	7

TYPHOID AND PARA TYPHOID FEVERS.

There were seven cases during the year, two of which were contracted on the Continent and one in England. Compared with the relatively small numbers of people who travel on the Continent, quite an appreciable number of them have during the past twenty years developed one of these fevers shortly after their return to Guernsey. It is, fortunately, now customary for people travelling far afield to be " vaccinated " against these diseases, but not so when travelling in Europe. This efficient protection is just as necessary in the latter case as in the former, and should be made the rule and not the exception, as it is at present.

In Havre, twenty years ago, the average number of people dying from Typhoid Fever was about 300 a year, but it is now not more than about 20. Improvements in the water supply have been largely answerable for this great diminution in mortality. Other, and at present more usual causes of it than water, are milk, cream, shell fish, small flat fish often sold in fried fish shops, fruit, salads, etc.

Before the war paratyphoid fevers were rare in England, but were prevalent in tropical countries, in South Russia, and nearer home amongst French and Flemish peasants. They were rare in the British Army until late in 1915, but were very prevalent in the Gallipoli campaign. The paratyphoids bacillus, A, B and C, show some cultural differences from those of the bacillus typhosus, but the practical points to be considered are, that meat, pastry and vegetables may be causes of these diseases ; that water does not play so important a part in their spread as in typhoid fever ; and that, unlike typhoid fever, which is a purely human disease, paratyphoid may infect both man and animals and be mutually transmitted from one to the other. It follows, therefore, that the tracing of the causes of these diseases may be a difficult, if not an impossible, matter.

TUBERCULOSIS.

The number of deaths from this cause was 34, of which 27 were due to Pulmonary Phthisis, and 7 to other forms. The rates per 1,000 were 0.7 and 0.18 respectively, or a total of 0.88.

In 1923 the number of deaths was abnormally high—a total of 61—so much so that it was difficult to suggest any explanation of this high mortality, except the unusually high rainfall and deficient sunshine of that year. Yet upon looking back, I find that 1903 was also a very wet and cool summer, and in that year there were no less than 73 deaths from Phthisis and 29 from other forms of Tuberculosis, a total of 102.

Our record of deaths under the heading of Tuberculosis was for this year, exactly one-third of that of 1903.

The number of notifications of Tuberculosis gets every year less and less, and as one who has been a general practitioner, I understand the difficulties which attend its notification. Its steadily decreasing incidence, in spite of this, makes one accept the situation with more or less equanimity. It is, however, deplorable that early cases will not seek Sanatorium treatment when it is offered them, but wait until the last and often hopeless stage is reached before they do so. This unfortunate fact has been noted again and again, but without any apparent change of public opinion in the matter. Of 10 cases admitted, one has left the Island, four have died, one is now worse, and four have shown marked improvement, which, I think, in three cases will be lasting. By arrangement with the Ministry of Pensions, the Board made extensive alterations and additions to one of the huts provided for their male employés on their property, in order to provide permanent home treatment for two advanced cases of Tuberculosis in ex-service men, who had no suitable homes in which they could be accommodated ; but to do so was a difficult matter under local conditions and in a relatively small hospital for infectious diseases.

With our rapidly declining death-rate, it is difficult for us to realise how terrible, and increasingly so, is the rate from Tuberculosis in some parts of the world. In the city of Rio de Janeiro it was in 1903—4.4 ; in 1918—5.5 ; and in 1923 no less than 10 per 1,000.

SCHOOL INSPECTION.

The number of children attending at the Laboratory for special examination increases every year, and occasional visits have been made to the schools from time to time. It is impossible to carry out any increase of this work during such very busy years as we have recently had. A school nurse would be of very great assistance both to the teachers and myself, and I trust that one may be appointed in the near future.

HOUSING ACCOMMODATION.

During the year two sites were purchased, one in Collings Road and one near the Old Mill, St. Martin's, and the erection of 52 houses on these sites was sanctioned. So much has been said in previous reports as to the urgent need of new homes for workers, that I need not further emphasise a point upon which there is universal agreement. One great advantage of State-built houses is that the family with children receives first consideration, as it should do. With private owners, the reverse is so often the case.

ISLAND SANITATION COMMITTEE.

A new Committee to study this subject was formed during the year. A scheme for main drainage of the greater part of St. Martin's Parish was brought before the States, but it could not be proceeded with as the St. Peter-Port Douzaine objected to the proposed sewers being connected with theirs, on the ground that theirs might not prove large enough to take the increased volume of sewage. As a result, the whole question will be dealt with from the Island, and not the parochial point of view, as it obivously should be.

It is to be hoped that the question of the collection and destruction of household refuse will be dealt with in a similar manner, as the surroundings of many houses in the country, as well as many of our beautiful bays and other naturally charming spots, are fouled by heaps of putrefying refuse.

I cannot do better than here quote some remarks of the Bailiff's in a recent Billet :—

> " As regard the dumping of rubbish, I only wish to remind you that this is probably due to the lamentable want of provision for the collection and destruction of house refuse. The matter is largely in the hands of the payers of Occupiers' Rate, and particularly of the small holders among them, who are the greatest sufferers.
>
> " It is high time that our rubbish was disposed of in a more scientific way than burying it or scattering it over open spaces."

The provision of suitable motor dust-carts would enable so much more work to be done in the day, that it is difficult to understand why they have not been adopted. Some years ago, the Town Parish had some dust-carts made locally, which were of satisfactory type, but for some reason or other they have been replaced by open carts which scatter dust and offensive odours broadcast, and are anything but a credit to the Town. The refuse destructor works well, and has never caused any nuisance in its working, as is often the case with such plants. Much more use should be made of it in the future than has been the case in the past, as destruction by fire is the ideal method of rendering such noxious matter harmless.

DISUSED QUARRIES.

There are a large number of such quarries mostly now containing water, in the northern part of the Island. As a result of the " lamentable want of provision for the collection and destruction of house refuse " many of them have been used in the past as dumps for such refuse, bad meat, fish, etc. Such dumping was often at night, and the foul water showed no immediate signs of the days of retribution that were shortly to come.

In the early spring a quarry at the Half-Way began to smell abominably and to give off such horrible odours that the inhabitants of the neighbourhood suffered exceedingly as a result. Even white paint work in the vicinity was discoloured as a result of the sulphurous fumes given off by the putrefying organic matter. At one time it appeared as if the Douzaine would be faced with the difficult and expensive work of emptying the quarry and cleaning it, a truly formidable task. Fortunately the contamination was chiefly in parts of the quarry most convenient for dumping, and the water was stagnant, so that it was not widely diffused. In the hope of deodorising it large quantities of Permanganate of Potash were used, at my suggestion. I believe, in all, three-quarters of a ton was thrown into the quarry. This procedure proved effectual, but it was a costly process. Without delay the Royal Court passed an Ordinance forbidding the deposit of any offensive rubbish in a quarry containing water. The only effectual way, however, to put an end to the fouling of these quarries as described, is for the suggestions of the Bailiff already quoted to be fully acted upon.

THALASSOL.

During the year 8,020 gallons of this valuable disinfectant were manufactured, compared with 9,525 gallons in 1923. The greater part of it was given away free, and large quantities are used in the hospitals, the slaughter-house, and markets. The War Department purchased a considerable amount during the year for use in barracks both here and in Alderney.

LABORATORY.

476 specimens of various kinds were examined, a fair proportion being for the Military Authorities. Three samples of water and 21 of milk were analysed. There were no unsatisfactory samples of the latter.

Five bacteriological examinations of water were also made, but this figure does not include those carried out at the order of the Water Board.

SANITARY INSPECTION AND DISINFECTION.

During the year 281 houses were visited and re-visted, 221 of which were disinfected. Any defects found in them were remedied. 5,876 articles of bedding, clothing, etc., were disinfected.

The disinfecting apparatus is an excellent one, and although nearly thirty years old, it would be difficult to find a more efficient machine.

WATER SUPPLY.

The initial difficulties which faced the Water Board seem to have disappeared, and we have now an abundant supply of good water from the wells of the Board and the King's Mills stream. The Board are extending their services in a satisfactory manner, and now we may hope that every year there will be fewer journeys made to the public pumps, many of which are quite long ones, and made by men after a hard day's work, by delicate women, and children. One of the first and obvious essentials for good health is a plentiful supply of pure water, a fact that even now is not recognised as it should be.

NIGHT BAKING.

The making of bread during the night is now prohibited in many countries. I know of no reason why it should be permitted in England and Guernsey, and I trust it will not be for much longer. Not only is bread likely to be made under unsatisfactory and uncleanly conditions at night by artificial light, but it is inhumane and uneconomic to make men continually work by night instead of by day as Nature intended, unless such work be absolutely necessary.

MENFAL DEFICIENCY ACT, 1913.

The States decided that they would provide the cost of care and maintenance in suitable institutions in England, of local cases that would be dealt with under this Act. Fortunately, the number is not large, but hitherto it has been very difficult, if not impossible, to treat these cases locally. Now cases capable of special education will have the opportunity of learning some trade and thus become wholly or partially self-supporting, whilst cases of idiocy or imbecility may, when necessary, be cared for in special institutions.

SHOP HOURS' ACT.

A requête asking that a Committee be appointed to study this Act, and the Seats for Shop Assistants Act, 1899, was not entertained by the States. The majority of local tradesmen seem to be considerate to their assistants, but there must be some who are not, and as many of the assistants are adolescents, whose health must suffer from long hours of indoor work, especially where no seats are provided, the decision seems an unfortunate one.

DANGEROUS DRUGS ACT.

Legislation upon the lines of this English Act was adopted during the year. Addiction to dangerous drugs is fortunately at present very rare in Guernsey. Indeed, I cannot believe that there is any community more free than ours from this terrible scourge of modern life.

OLD AGE PENSIONS.

The States adopted the principle of Old Age Pensions, a humane decision long overdue, which will bring happiness and a sense of security to many old people getting past work who have not been able to make provision for the future, the alternative being in many cases one or other of the Hospitals.

COMPENSTAION FOR ACCIDENTS TO WORKERS.

The final approval of the Law in this connection was received from the Privy Council in November, and a Committee appointed to administer it. It did not, however, come into force in 1924.

CHILDREN'S HOME.

A portion of the Beau Séjour estate has been set aside for the purpose of building a Children's Home for the whole Island. Everyone will welcome the removal of these children from their present very unsatisfactory environments.

MENTAL HOSPITAL FOR THE WHOLE ISLAND.

A Committee was appointed to again go into this question, which has intermittently occupied the attention of the States for so many years past. It is a question of much importance, and with the uncertainty now attending it, no great improvements can be expected to take place in the existing asylums until the matter be settled.

CREMATION.

A strongly supported requête was presented to the Bailiff, and subsequently a Committee appointed to consider the erection of a Crematorium in the Island. During the past 25 years nearly every parish has had to provide an extension of its churchyards. The density of our population, the dangers to the water supply, and many other cogent arguments were put forward in favour of the cremation of the dead. The Commitete has not had time yet to present its report.

It will be noticed that the year has been unusually fruitful in legislation for the public welfare. For the immediate future, the most important matters for consideration are, first and above all most pressing, the provision of homes for workers, and then the extension of our drainage and refuse collection schemes to thickly-populated areas which are now without these necessities of modern communal life.

HENRY DRAPER BISHOP,
States M.O.H.

20th August, 1925.

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